

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Optional Persons Transfer of Property

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
: _____
: _____

Fair Market Value \$ _____
Amount Received - _____
(A) Transfer of Property Amount = _____

Family Needs

Basic Need for _____ Persons \$ _____
Special Needs + _____
(B) Family Needs = _____

Optional Person(s) Needs

Basic Need for _____ Persons \$ _____
Special Needs + _____
(C) Optional Person(s) Needs = _____

Differential

Family Needs _____
Optional Person(s) Needs - _____
(D) Differential = _____

☐ Ineligibility for Optional Persons
Your transfer of property amount **(A)**
minus the differential **(D)**
divided by the optional person(s) needs **(C)**
equals the number of ineligible months: ... _____
(# OF MONTHS)

Rules: These rules apply; you may review them at your Welfare Office:
MPP

State Hearing: If you think this action is wrong, you can ask for a
hearing. The back of page 1 tells how.